



AETNA HEALTHCARE (60054) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- [ERA/EFT Authorization Agreement](#)
 - Review the document and fill out all required fields.
 - The Electronic Remittance Advice Clearinghouse Information section is not indicated as required, but must be completed as follows:
 - Clearinghouse Name: Office Ally
 - Clearinghouse Contact Name: Customer Service
 - Telephone Number: 360-975-7000
 - Email Address: support@officeally.com
- [EFT Authorization Agreement](#) (not required)

WHERE DO I SEND THE FORM(S)?

- Fax ERA/EFT Authorization Agreement to (866) 754-9122 for new ERA/EFT enrollments and requests to change your ERA clearinghouse.
- Fax EFT Authorization Agreement to (866) 262-9883 for EFT changes and ERA termination requests.

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Please allow 15 business days for processing.
- Email ERAForms@aetna.com to check the status of a new ERA/EFT enrollment request
- Email EDIHotline@aetna.com to check the status of an EFT change request

NOTE: Emails need to include the words "Status Request" in the subject line.